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| department of health servicesDivision of Care and Treatment ServicesF-01625 (10/2016) |  | state of wisconsin |
| **OARS PARTICIPANT DISCHARGE SUMMARY** |
| Participant Name | DOC # | Agent Name | Agent Number |
|       |       |       |       |
| Agency Name | Release Date | Program Discharge Date | Case Manager Name |
|       |       |       |       |
| Brief Overview of the OARS Participant’s Pre-Release Phase |
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| Brief Overview of the OARS Participant’s Post-Release Phase |
|       |
| OARS Participant Transition Plan |
|       |
| After Care Recommendations |
|       |
|  |
| Sincerely, |
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| OARS Program Case Manager |  | Date |  |
|  |
| cc: | Division of Community Corrections Agent |
|   | Department of Health Services OARS Program |
|  | Contracted OARS Case Management Provider File |
|  | OARS Participant |
|   | Additional Community Team Members (as deemed appropriate) |
|  |
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